Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2017

DLN: 93493037009279

Open to Public

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Department of the Treasury

Interna	l Reve	enue Service	p imormat	.o., about form 550 di	ia ito moti acciono i		21.0 900/10111	,,,,,,	I	nspection
A Fo	or th	e 2017 c	alendar year, or tax yea	ar beginning 10-01-2	2017 , and endir	ng 09-30	0-2018			
		applicable	C Name of organization THE REASON FOUNDATION					D Employer	identifica	tion number
□ Add		change nange			95-32982	39				
☐ Init		-	Doing business as							
		n/terminated				D /		E Telephone r	ıumber	
		d return on pending	Number and street (or P C 5737 MESMER AVENUE	box if mail is not deliver	ed to street address)	Room/sui	te	(310) 391		
— л.р.	piicaci	on pending	City or town, state or prov	ince, country, and ZIP or	foreign postal code			(310) 391	-2273	
			LOS ANGELES, CA 90230	6316				G Gross recei	ots \$ 13,9	26,714
			F Name and address of	principal officer			H(a) Is this	a group retur	n for	
			DAVID NOTT 5737 MESMER AVENUE					dinates?		□Yes ☑No
			LOS ANGELES, CA 9023	306316			H(b) Are all	l subordinates ed?		☐ Yes ☐No
[Tax	k-exer	mpt status	☑ 501(c)(3) □ 501(c	c)() ∢ (insert no)	4947(a)(1) or	527		," attach a list	(see ins	structions)
W	ebsit	te:► WW	/W REASON ORG				H(c) Group	exemption nu	ımber 🟲	
	n of a	rannization	✓ Corporation ☐ Trust	Association O Oth	or b		L Year of forma	tion 1978 M	State of I	egal domicile CA
C FOIII	11 01 0	iganization	Corporation in Trust	Association L. Oth	er 🚩					
Pa		_	mary							
			scribe the organization's n A FREE SOCIETY BY DEVI			BERTAR:	IAN PRINCIPLE	ES		
Governance			·	,						
Ē	:									
) <u> </u>	2	Check thi	ıs box ▶ 🔲 ıf the organız	ation discontinued its	operations or dispo	sed of m	ore than 25%	of its net asse	ets	
5			of voting members of the						3	24
Activities &	4	Number o	of independent voting me	mbers of the governing	g body (Part VI, line	e 1b) .		•	4	22
	5	Total nun	nber of individuals employ	ed in calendar year 20)17 (Part V, line 2a)			5	92
	l		nber of volunteers (estima	• •				•	6	22
1	l		elated business revenue f		• • •			•	7a	98,988
	ь	Net unrel	ated business taxable inc	ome from Form 990-T,	line 34		· · ·	•	7b	0
		C	ware and avente (Dant VIII	Luna dla			Pric	or Year		urrent Year
<u>ج</u>	l		ions and grants (Part VIII service revenue (Part VIII			•		11,684,317	+	11,345,241 984,910
Rəvenue	l	-	ent income (Part VIII, colu			•		158,745	+	116,591
ď	l		venue (Part VIII, column (•	-		-143,79:	+	-346,953
	l		enue—add lines 8 through		•	ne 12)		12,708,165		12,099,789
	13	Grants ar	nd similar amounts paid (l	Part IX, column (A), lır	nes 1-3)			(0
	14	Benefits	paid to or for members (P	art IX, column (A), line	e 4)			(0
SC.	15	Salaries,	other compensation, emp	loyee benefits (Part IX	, column (A), lines	5-10)		7,073,469	9	7,125,121
Expenses	16a	Professio	nal fundraising fees (Part	IX, column (A), line 1	1e)			(0
кре	ь	Total fundr	raising expenses (Part IX, colu	mn (D), line 25) ▶876,07	0					
ū	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f	-24e)	-		5,305,629	9	5,565,594
	18	Total exp	enses Add lines 13-17 (r	nust equal Part IX, col	umn (A), line 25)			12,379,098	3	12,690,715
(0	19	Revenue	less expenses Subtract l	ne 18 from line 12 .		•		329,067	_	-590,926
Net Assets or Fund Balances							Beginning	of Current Yea	r	End of Year
SSet	20	Total ass	ets (Part X, line 16) .					10,605,928	3	10,773,512
A P	l		ulities (Part X, line 26) .					1,685,083	+	1,918,200
žΞ	22	Net asset	s or fund balances Subtr	act line 21 from line 20				8,920,845	5	8,855,312
	t II		ature Block							
	edge	and belie	erjury, I declare that I ha f, it is true, correct, and c							
		****	*				2010	9-02-06		
Sign		 	ure of officer				Date			
Here		DAVID	NOTT PRESIDENT & CEO							
			r print name and title							
			rint/Type preparer's name	Preparer's sig		D	ate	ck I If POO		
3-: -		ΙK	ATY BROWN	KATY BROWN	I	- 1	Che	~ 🗀 " P00	650274	

Form	990 (2	017)					Page 2
Par	t III	Statement	of Program Servic	e Accomplis	hments		
		Check if Sched	dule O contains a respo	nse or note to a	any line in this Part III		
1	Briefly	describe the o	rganızatıon's mıssıon				
MAR	KETS, A		F LAW WE USE JOURN			IAN PRINCIPLES, INCLUDING IN H TO INFLUENCE THE FRAMEWO	
2	Dıd th	e organization i	undertake any significa	nt program serv	vices during the year w	which were not listed on	
	the pr	or Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe the	se new services on Sch	nedule O			
3	Did th	e organization d	cease conducting, or m	ake significant i	changes in how it cond	lucts, any program	
	servic	es?					. 🗌 Yes 🗹 No
	If "Yes	s," describe the	se changes on Schedul	e O			
4	Sectio	n 501(c)(3) and		ns are required	to report the amount	e largest program services, as m of grants and allocations to othe	
4a	(Code) (Expenses \$	4,161,662	including grants of \$) (Revenue \$	734,161)
	See Ad	ldıtıonal Data					
4b	(Code) (Expenses \$	3,996,201	including grants of \$) (Revenue \$	35,000)
	See Ad	ditional Data					
40	(Code) (Expenses \$	1,766,468	including grants of \$) (Revenue \$	100,000)
	•	ditional Data	, (Enpended ¢	2,7,00,100	morating grants or \$, (
	See A	ddıtıonal Data T	-able				
4d			es (Describe in Schedi	,			
	(Expe	nses \$	1,492,972 incl	uding grants of	\$) (Revenue \$	16,761)
4e	Total	program serv	ice expenses 🕨	11,417,3	03		
							Form 990 (2017

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	· · · · · · · · · · · · · · · · · · ·	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		No

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Par	t IV Checklist of Required Schedules (continued)		V	N -
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21		No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Yes

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	550 (2017)			raye .
Par	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for filling requirements for fillier training 121, Report of Foreign Bank and Filliancial Accounts (FB/IK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-Ja		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments of "No," provide an explanation in Schedule O	14b		

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Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24		Yes	No_
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь 	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.			

State the name, address, and telephone number of the person who possesses the organization's books and records

>JONATHAN GRAFF 5737 MESMER AVENUE LOS ANGELES, CA 90230 (310) 391-2245

	· - · ,										i age .
Part VII	Compensation of Office and Independent Contr		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Emplo	yees,
	Check if Schedule O contains	a response or no	te to an	y line	ın t	his	Part V	II .			🗆
Section	A. Officers, Directors, Tr										
1a Complete year	this table for all persons requi	red to be listed	Report	comp	ensa	tion	for th	ne ca	lendar year ending	with or within the c	rganızatıon's tax
	of the organization's current o tion Enter -0- in columns (D),							als (or organizations), re	gardless of amoun	
	f the organization's current ke		•								
who received	organization's five current hig I reportable compensation (Bo: and any related organizations)
	f the organization's former off compensation from the organ						pensat	ted e	employees who rece	ived more than \$10	00,000
	f the organization's former di i . more than \$10,000 of reporta										e
List persons compensated	in the following order individu I employees, and former such	al trustees or dir persons	ectors,	ınstıt	utior	nal t	rustee	s, of	fficers, key employe	es, highest	
☐ Check th	nis box if neither the organizati	on nor any relate	ed organ	nızatı	on c	omp	ensate	ed ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average				t ch	eck mo		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours			n of	ficer	and a		compensation from the organization (W-	compensation from related organizations	amount of other compensation from the
		for related organizations	25	Ι_	Ω	Z	<u> </u>	Ţ	2/1099-MISC)	(W- 2/1099-	organization and
		below dotted	individual trustee or director	Institutional	Officer	key employee	Highest compensatemplovee	Former		MISC)	related organizations
		line)	85	i iii	-	킑	St o	1 €			
			ੱੜੇ	13		<u>\$</u>	, SE				
			[]	Trustee		Ť	P				
			1.	1 T			ाड द्वा				
				"			<u> </u>				
See Additiona	l Data Table										
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Form **990** (2017)

Form 990 (2017)

Pai	(A) Name and Title A ho w an		Position than of	on (de	(C) o not ox, u) t che unles ficer	eck mo	ore son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (n W-		
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC		organizat relat organiza	:ed
See	Additional Data Table												
											_		
	Sub-Total			٠.			>						
2 2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	ng but not limited e organization >	to thos		ed a	bove	► who	rec	2,310,606 eived more than \$1	.00,000	0		185,216
												Yes	No
3	Did the organization list any forme line 1a ⁷ <i>If "Yes," complete Schedule</i>									l employee on	3		No
4	For any individual listed on line 1a, organization and related organization individual									n the	4	Yes	
5	Did any person listed on line 1a reconservices rendered to the organization									ıvıdual for	5	103	No
	ection B. Independent Contra												
1	Complete this table for your five hig from the organization Report comp	ensation for the c								n's tax year	mpen		
150.1		(A) e and business addre	ess							(B)		Comper	nsation
250	PRODCUTIONS INC W 57TH STREET 1723 Y YORK, NY 10107								TV PRODUC	TION			500,000
MDR 225	PRODUCTIONS E 76TH STREET 5A								TV PRODUC	TION			137,500
RON. 517	/ YORK, NY 10021 ALD BAILEY, SECOND ST NE RLOTTESVILLE, VA 22902								SCIENCE C	ORRESPONDENT			102,000
	Total number of independent contract		not lim	iited t	o th	ose	listed	abov	/e) who received m	ore than \$100,00	00 of		
	compensation from the organization											Form 99	0 (2017)

	90 (2017)										Page 9
Part '	VIII Statement	of Revenue									
	Check if Sche	dule O contains	a respo	nse or note to an		this Part VIII (A) revenue	R∈ ∈ f	(B) elated or exempt unction evenue	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections 512-514
	1a Federated camp	aigns	1a		l		'	evenue			312 314
nts	b Membership due	es	1b								
Gifts, Grants ilar Amounts	c Fundraising ever		1c	698,383							
s, C An	d Related organiza		1d								
iit Iar	e Government grants										
S.E			1e								
Contributions, Gifts, Grants and Other Similar Amounts	f All other contribution and similar amount above	ons, gifts, grants, ts not included	1f	10,646,858							
Contrib and Otl	g Noncash contrib in lines 1a-1f \$		478,								
<u>ت =</u>	h Total.Add lines 1	a-1f	• •	<u> </u>	1	1,345,241					
i.e				Busines	s Code						
Ven	2a SUBSCRIPTION SALI	ES			900099		35,173	635,			
æ	b CONFERENCE REVEN				900099		15,749	215,	,749		
4Ce	c ADVERTISING INCO	ME			511120		89,407	25		89,407	1
Ser.	d RESEARCH				900099		35,000	35,	,000	0.501	
Ē	e MAILING LIST RENTA	AL			311120		9,581			9,581	
Program Service Revenue	f All other program	service revenu	e		984,910						<u> </u>
₫	9 Total. Add lines 2a	n-2f	. 1	•	30 4 ,310						
	similar amounts) . 4 Income from inves 5 Royalties 6a Gross rents b Less rental expens c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less cost or	e or (loss) .	al		• · · · · · · · · · · · · · · · · · · ·						
	other basis and sales expenses	1,	459,189								
	C Gain or (loss)		-956								
Other Revenue	d Net gain or (loss 8a Gross income fror (not including \$_ contributions repor See Part IV, line : b Less direct experi	m fundraising ev 698,383 orted on line 1c 18	ents of	20,55 367,73	_	-956	5				-956
er	c Net income or (lo	ss) from fundra	ısıng eve	ents 🕨	_	-347,180	5				-347,186
•	9a Gross income from See Part IV, line: b Less direct experior c Net income or (lo 10a Gross sales of invitations and allow b Less cost of good	nses ss) from gaming entory, less ances	a b	es >							
	c Net income or (lo		f invent								
		ous Revenue		Business Code		23:	,				233
	11aMISCELLANEOUS	INCOME		9000	^ *I	23.	1		l		233

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,633,392	1,343,447	131,376	158,569
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,767,856	4,355,712	100,864	311,280
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	297,800	288,328	916	8,556
10	Payroll taxes	426,073	366,781	15,749	43,543
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal	22,591	22,591		
•	: Accounting	42,476		42,476	
c	l Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,374,913	2,343,908	16,517	14,488
12	Advertising and promotion	204,914	154,651	1,325	48,938
13	Office expenses	165,994	114,807	4,344	46,843
14	Information technology				
15	Royalties				
16	Occupancy	412,131	379,289	17,515	15,327
17	Travel	568,387	482,496	673	85,218
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,017	75,481		14,536
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,660	67,658	2,309	4,693
23	Insurance	106,967	95,333	3,968	7,666
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a MAGAZINE PRINTING & DIS	586,254	586,254		
	b FOUNDATION-HOSTED EVENT	356,222	356,222		
	c DUES AND SUBSCRIPTIONS	125,525	120,751	326	4,448
	d PRINTED MATERIAL	117,191	30,185	1,522	85,484
	e All other expenses	317,352	233,409	57,462	26,481
25	Total functional expenses. Add lines 1 through 24e	12,690,715	11,417,303	397,342	876,070
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)			,	·

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			863,706	1	1,299,84
	2	Savings and temporary cash investments .		[352,111	2	467,663
	3	Pledges and grants receivable, net			387,015	3	156,866
	4	Accounts receivable, net			134,499	4	179,311
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	rsons (as defined under (c)(3)(B), and		5		
Assets	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(see ın	structions) Complete		7	
	8	Inventories for sale or use	.		8		
ď	9	Prepaid expenses and deferred charges		–		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,212,464			
	ь	Less accumulated depreciation	1,373,428	2,882,264	10c	2,839,036	
	11	Investments—publicly traded securities .			5,846,505	11	5,654,946
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	F		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		139,828	15	175,843	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	10,605,928	16	10,773,512
	17	Accounts payable and accrued expenses			1,407,230	17	1,640,510
	18	Grants payable			18		
	19	Deferred revenue		277,853	19	277,687	
	20	Tax-exempt bond liabilities				20	
۲۸	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officer	rs, directors, trustees,			
abi		persons Complete Part II of Schedule L				22	
Li	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities.Add lines 17 through 25			1,685,083	26	1,918,200
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33			0.500.705		7,007,746
힐	27	Unrestricted net assets		_	6,533,725	27	7,007,719
	28	Temporarily restricted net assets		2,342,841	28	1,798,314	
Fund	29	Permanently restricted net assets			44,279	29	49,279
		Organizations that do not follow SFAS 117	- · · · · · · · · · · · · · · · · · · ·				
٥	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	34.		30		
ts or	31	Paid-in or capital surplus, or land, building or eq		nt fund		31	
اځ	32	Retained earnings, endowment, accumulated inc		⊢		32	
	33	Total net assets or fund balances		<u> </u>	8,920,845	33	8,855,312
Net	34	Total liabilities and net assets/fund balances .		_	10,605,928	34	10,773,512
- 1							1

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12	,099,789
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	,690,715
3	Revenue less expenses Subtract line 2 from line 1	3			-590,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	,920,845
5	Net unrealized gains (losses) on investments	5			525,393
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	,855,312
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	3b		

Form **990** (2017)

Additional Data

Software ID: Software Version:

EIN: 95-3298239

Name: THE REASON FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

REASON MAGAZINEPROMÓTING "FREE MINDS AND FREE MARKETS" SINCE 1968 - 11 ISSUES PUBLISHED - 47,100 PAID/REQUESTED COPIES AND 1,000 NEWSSTAND COPIES SOLD PER MONTH - AVERAGE OF 4 MILLION USER VISITS PER MONTH AT REASON COM

Form 990, Part III, Line 4b:

REASON FOUNDATIONRESEARCH AND ANALYSIS OF ISSUES RELATING TO REFORM, AND ENVIRONMENT -- EDUCATIONAL OUTREACH FROM A LIBERTARIAN PERSPECTIVE TO POLICYMAKERS, RELEVANT STAKEHOLDERS, AND THE GENERAL PUBLIC - 11,100 PRINT ARTICLES CITING REASON EXPERTS- 28,200 ONLINE ARTICLES CITING REASON EXPERTS- 852 MILLION TOTAL CIRCULATION OF ARTICLES- 1,225 MEDIA APPEARANCES BY REASON EXPERTS- 12 LEGISLATIVE TESTIMONIES- 22 POLICY STUDIES- 13 AMICUS BRIEFS

Form 990, Part III, Line 4c:
REASON-TVPRODUCING FREE MARKET IDEAS THROUGH VIDEO JOURNALISM ONLINE - 195 VIDEOS PRODUCED - AVERAGE OF 3,063,000 VIDEOS PLAYED EACH MONTH

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code 352,590 including grants of \$) (Revenue \$ 16,761)) (Expenses \$ PUBLIC AFFAIRS REASON WORKS WITH MOTIVATED POLICYMAKERS TO IMPLEMENT MARKET-BASED REFORMS THAT OTHERS CAN SUCCESSFULLY COPY OUR PENSION INTEGRITY PROJECT IS DESIGNED TO EDUCATE POLICYMAKERS AND TAXPAYERS ON THE URGENCY OF THE NATIONAL NEED FOR PENSION REFORM OUR WORK TO STOP THE ACCUMULATION OF UNFUNDED PENSION LIABILITIES, PAY DOWN DEBTS, AND PROTECT TAXPAYERS FROM UNDUE RISK HAD SOME SIGNATURE SUCCESSES THIS YEAR IN MICHIGAN, REASON'S ADVOCACY AND TECHNICAL ASSISTANCE LED TO THE UNANIMOUS PASSAGE OF A MAJOR REFORM TO MICHIGAN'S TEACHER PENSION SYSTEM THE LAW WILL ACCELERATE THE PAYDOWN OF TENS OF BILLIONS OF DOLLARS IN UNFUNDED LIABILITIES, REDUCING FUTURE COSTS AND RISK TO TAXPAYERS IN COLORADO, REASON'S WORK HELPED LEAD TO THE PASSAGE OF A SWEEPING BI-PARTISAN REFORM PACKAGE TO CHANGE PENSION CONTRIBUTIONS, RETIREMENT AGE FOR FUTURE WORKERS, AND COST-OF-LIVING ADJUSTMENTS, MADE FIXES TO THE STATE FUNDING FORMULA TO ELIMINATE THE UNFUNDED LIABILITY OF THE SYSTEM WITHIN 30 YEARS, AND EXPANDED ACCESS TO DEFINED CONTRIBUTION PLANS FOR MANY PUBLIC-SECTOR PENSION REFORM EFFORTS ALSO WILL CONTINUE IN ARIZONA, MICHIGAN, SOUTH CAROLINA, AND OTHER STATES REASON WORKED WITH LAWMAKERS TO HELP PASS LEGISLATION IN FLORIDA THAT MODERNIZES LOCAL GOVERNMENT FINANCIAL REPORTING, AND HAS TAKEN A LEAD ROLE IN CREATING AND PROVIDING STRATEGIC DIRECTION TO A NEW INDUSTRY WORKING GROUP THAT WILL DEVELOP AN ELECTRONIC FINANCIAL REPORTING STANDARD FOR GOVERNMENT FINANCE DATABASES NATIONWIDE IN VARIOUS STATES THIS YEAR, REASON PROVIDED TESTIMONY AND/OR WORKED WIH POLICYMAKERS TO ADDRESS EDUCATION REFORM, INCLUDING STUDENT-BASED BUDETING, FINANCIAL REFORM, TRANSPARANCY, AND PRINCIPAL AUTONOMY IN ARIZONA, OUR WORK WITH GOVERNOR DOUG DUCEY'S CLASSROOMS FIRST COMMISSION, OUR WORKSHOPS IN PARTNERSHIP WITH A FOR ARIZONA AND THE ARIZONA CHAMBER FOUNDATION, AND OUR OUTREACH TO REPRESENTATIVE PAUL BOYER AND SENATOR DEBBIE LESKO LED TO STUDENT-BASED BUDGETING LEGISLATION RECOMMENDATIONS IN OUR REPORT, "BEYOND TEST SCORES A CENTRAL ROLE FOR FINANCIAL HEALTH IN EVALUATING ARIZONA'S CHARTER SCHOOLS, AND TESTIMONY, WERE ADOPTED BY ARIZONA'S FINANCIAL FRAMEWORK SUBCOMMITTEE OUR OUTREACH AND TESTIMONY IN NORTH CAROLINA AND TEXAS HAS LED TO STATE-LEVEL COMMISSIONS TO STUDY SCHOOL FINANCE REFORM AND CREATE MORE OPPORTUNITIES FOR ENGAGEMENT AND POTENTIAL FOR SCHOOL FINANCE REFORM IN THE 2019 LEGISLATIVE SESSION AT THE CONCLUSION OF ITS FIRST YEAR IN OPERATION, REASON'S NEW CENTER FOR DRUG POLICY IS NOW DEEPLY ENGAGED IN A FEW KEY STATES TO PUSH FOR SENSIBLE, FREE-MARKET REGULATIONS ON LEGALIZED MARIJUANA IN TANDEM WITH THIS OUTREACH, WE'VE PRODUCED A DOZEN BRIEFS AND PAPERS TO AID DECISIONMAKERS AND INFLUENCERS AND TO FORM THE KNOWLEDGE BASE FROM WHICH MODEL LEGISLATION CAN BE CRAFTEDOUR BRIEFS ON HOW OTHER STATES ARE DEALING WITH ISSUES RELATED TO LEGALIZED MARIJUANASUCH AS EFFECTS ON JUVENILE ACCESS, CRIME, HOMELESSNESS, AND VEHICLE ACCIDENTSHELP TO COUNTER INCORRECT NARRATIVES OUR PAPERS ON SPECIFIC REGULATORY ISSUES FOR MARIJUANA MARKETSSUCH AS TAX LEVELS, LICENSING REQUIREMENTS, CAPITAL REQUIREMENTS, DELIVERY SERVICES, AND HOME GROWPROVIDE LEGISLATORS AND REGULATORS WITH THE EXPERTISE THEY NEED TO WRITE POLICY THAT EMBRACES COMPETITION OVER MONOPOLY AND THAT DOES NOT IMPOSE PUNITIVE TAXES WE HAVE ALREADY BEGUN TO INFLUENCE THE DRAFTING OF THESE POLICIES IN NEW JERSEY, FLORIDA, AND CALIFORNIA

(Code) (Expenses \$ 1,140,382 including grants of \$) (Revenue \$ 0)
STOSSEL ON REASON SINCE ITS LAUNCH IN 2017, REASON'S VIDEO COLLABORATION WITH BROADCASTING LEGEND AND 19-TIME EMMY
WINNER JOHN STOSSEL DEBUTED HAS PRODUCED 70 VIDEOS, RANGING FROM DOCUMENTARY AND INVESTIGATIVE SEGMENTS TO INTERVIEWS
WITH HIGH-PROFILE INDIVIDUALS, MAN-ON-THE-STREET EXCHANGES, AND VIDEO OP-EDS AMONG THIS YEAR'S RELEASES WERE SEVERAL
WITH MAJOR CULTURAL FIGURES, INCLUDING JORDAN PETERSON, SECRETARY OF EDUCATION BETSY DEVOS, AND EVA MOSKOWITZ OF
SUCCESS ACADEMY TOP PERFORMERS INCLUDE "NYC GOVERNMENT TRAUMATIZES GUN OWNERS," "\$2 MILLION BATHROOM," "WHO OWNS
YOUR BODY? AND "100 YEARS OF COMMUNIST DISASTER"

and Independent Contractors			-		-	_				
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m Inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
STEPHEN MODZELEWSKI BOARD CHAIR	1 00	X		×				0	0	0
THOMAS E BEACH TRUSTEE	1 00	X						0	0	0
BARON BOND TRUSTEE	1 00	X						0	0	0
JOAN CARTER TRUSTEE	1 00	X						0	0	0
JIM CARUSO TRUSTEE	1 00	x						0	0	0
DREW A CAREY TRUSTEE	1 00	x						0	0	0
DERWOOD S CHASE JR TRUSTEE	1 00	×						0	0	0
PETER P COPSES TRUSTEE	1 00	×						0	0	0
JAMES R CURLEY TRUSTEE	1 00	×						0	0	0
RICHARD J DENNIS TRUSTEE	1 00	Х						0	0	0

and Independent Contractors	and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours	pers	n on on is	e bo both	t che x, u n an	eck m nless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
PETER FARRELL TRUSTEE	1 00	х						0	0	0	
DAVID FLEMING TRUSTEE	1 00	x						0	0	0	
C BOYDEN GRAY TRUSTEE	1 00	×						0	0	0	
JAMES D JAMESON TRUSTEE	1 00	×						0	0	0	
MANUEL S KLAUSNER TRUSTEE	1 00	x						0	0	0	
DAVID H KOCH TRUSTEE	1 00	x						0	0	0	
JAMES LINTOTT TRUSTEE	1 00	X						0	0	0	
GEORGE F OHRSTROM TRUSTEE	1 00	X						0	0	0	
CAROL SANDERS TRUSTEE	1 00	x						0	0	0	
RICHARD A WALLACE TRUSTEE	1 00	х						0	0	0	

and Independent Contractors			,		,	,				,								
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	tha pers	an on on is	e bo both	ox, unless th an officer or/trustee)		box, unless oth an officer ctor/trustee)		not check more box, unless oth an officer ctor/trustee Highest compensation ee Officer		box, unless oth an officer ctor/trustee)		oox, unless oth an officer tor/trustee)		er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VEDBY WELCH	1 00		व			1 6 G												
TRUSTEE		×						0	0	0								
FRED M YOUNG JR TRUSTEE	1 00	x						0	0	0								
DAVID NOTT PRESIDENT, CEO	40 00	×		x				388,222	0	106,844								
ROBERT POOLE FOUNDER, DIRECTOR OF TRANS	40 00	х		x				230,000	0	368								
ADRIAN T MOORE VICE PRESIDENT POLICY	40 00			х				230,174	0	10,533								
JULIAN MORRIS VICE PRESIDENT RESEARCH	40 00			х				165,576	0	10,648								
JONATHAN GRAFF CHIEF FINANCIAL OFFICER, T	40 00			x				184,989	0	10,667								
MICHAEL ALISSI VICE PRESIDENT, OPERATIONS	40 00			×				174,156	0	10,648								
KATHERINE MANGU-WARD VICE PRESIDENT/EDITOR-IN-C	40 00			x				135,466	0	10,457								
NICHOLAS GILLESPIE VICE PRESIDENT ONLINE	40 00					х		255,907	0	4,804								

and independent contractors										1	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	an on on Is	e bo both	t che ox, u n an or/tr	inless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
MATT L WELCH EDITOR-AT-LARGE	40 00					х		170,822	0	10,648	
MELISSA MANN DEVELOPMENT DIRECTOR	40 00					x		143,563	0	4,683	
CHRISTOPHER MITCHELL COMMUNICATIONS DIRECTOR	40 00					х		115,624	0	252	
LEONARD C GILROY DIRECTOR OF GOVERNMENT REF	40 00					х		116,107	0	4,664	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493037009279

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Servic

SCHEDULE A

(Form 990 or

990EZ)

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization THE REASON FOUNDATION

Employer identification number

95-3298239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is $\,$ (For lines 1 through 12, check only one box)A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of (ii) EIN (iv) Is the organization listed (v) Amount of (vi) Amount of organization in your governing document? monetary support other support (see organization (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under	Part
III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

<u> </u>	ection A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	10,007,790	9,363,678	10,198,865	11,684,317	1	1,345,241	52,599,891
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	10,007,790	9,363,678	10,198,865	11,684,317	1	1,345,241	52,599,891
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							11,430,317
6	Public support. Subtract line 5 from line 4							41,169,574
	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)2	2017	(f)Total
7		10,007,790	9,363,678	10,198,865	11,684,317	1	1,345,241	52,599,891
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,054	55,022	117,912	95,961		117,547	437,496
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	48,491	674	3,686	94		233	53,178
11	Total support. Add lines 7 through 10							53,090,565
12	Gross receipts from related activities,	etc (see instruction	ons)			12	<u>'</u>	5,492,226
13	First five years. If the Form 990 is for	-			•			nızatıon,
	check this box and stop here						<u>▶⊔</u>	
	ection C. Computation of Publi							
	Public support percentage for 2017 (li			olumn (f))		14		77 550 %
	Public support percentage for 2016 So					15		74 960 %
16 a	33 1/3% support test—2017. If the				e 14 is 33 1/3% or	more, c	heck this b	
Ŀ	and stop here. The organization qual 33 1/3% support test—2016. If the	ne organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1,	/3% or m	nore, check	
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2017. If the ore	ganization did not e s-and-circumstance	check a box on lines es" test, check this	box and stop he	re. Expla	ain	▶□
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organization	zation meets the "i	facts-and-cırcumst	ances" test, check	this box and stop	p here.		▶□
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16	- 5a, 16b, 17a, or 17	b, check this box	and see		▶ □
	instructions							ightharpoons

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you control of the organization fails to						der Part II. If	
Se	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2013	(d) 2010	(e) 2017	(I) local	
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grants")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are							
-	not an unrelated trade or business							
	under section 513							
4								
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
h	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
_	13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
Se	ection B. Total Support				T			
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9								
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
ь	income from similar sources Unrelated business taxable income							
D	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
С								
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on							
12	Other income Do not include gain or							
	loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)							
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	ıırd, fourth, or fıft	h tax year as a se	ction 501(c)(3)		
	check this box and stop here ection C. Computation of Public S	Support Borco	ntago				▶□	
15	Public support percentage for 2017 (lin			column (f))		15		
16								
	ection D. Computation of Investi	*	*			10		
17	Investment income percentage for 201			ine 13. column (f	())	17		
18	Investment income percentage from 2			==, 00.011111 (1	,,	18		
	331/3% support tests—2017. If the	•	•	on line 14. and lin	ne 15 is more than		ne 17 is not	
	more than 33 1/3%, check this box and s						▶ □	
	33 1/3% support tests—2016. If the						. —	
U	not more than 33 1/3%, check this box	-			·		▶ □	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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answer line 10b below

the organization had excess business holdings)

art IV	Suppor	ting Org	ganiza	tion
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(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

-56	ection A. All Supporting Organizations			
	ction A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		103	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	1		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	2		
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	24		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	endment to the organizing document)			
b				
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10~	Was the organization subject to the excess business holdings rules of section 4942 because of section 4942(f) (reserving	9c		
IUd	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations.) If "Yes."			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

10a

10b

	Activities Test Answer (a) and (b) below.		Yes	No					
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted								
	substantially all of its activities								
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's								
	volvement								
	Parent of Supported Organizations Answer (a) and (b) below.								
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a							
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its								
5	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard								

Schedule A	(Form	990	or	990-EZ)	2017
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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat	ed Type III supporting org	ganization (see

Down V. Tune III Non Europie nelly Intervetor	LEOO(a)(2) Commontina	Overnientiene (continu	-41
Part V Type III Non-Functionally Integrated Section D - Distributions	1 509(a)(3) Supporting	Organizations (continu	Current Year
			current rear
1 Amounts paid to supported organizations to accomplish			
2 Amounts paid to perform activity that directly furthers of excess of income from activity	exempt purposes of supported	d organizations, in	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizat	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction			
7 Total annual distributions. Add lines 1 through 6			
B Distributions to attentive supported organizations to where details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6		11.5 = 5.21	
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017		Cabadala A /	Form 900 or 900 E7) (2017
		Echodulo A / E	-arm uuu ar 000-E71 (701

Additional Data

Software ID: Software Version:

EIN: 95-3298239

Name: THE REASON FOUNDATION

Schedule A (Form 990 or 990-EZ) 2017

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493037009279 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-B

(Pro	e organization answered "Yes" or xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organia		Tax) (see separate i	nstructions) or Form 990	-EZ, Part V, line 35c
Na	me of the organization REASON FOUNDATION			Employer ider	ntification number
1111	E REASON FOUNDATION	95-3298239			
Par	t I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is	a section 527 organi	zation.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political	campaign activities ir	Part IV (see instructions i	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	· · · · · · · · · · · · · · · · · · ·			
Par	t I-B Complete if the orga	nization is exempt under sec	tion 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization unde	r section 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization manager	s under section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 f	or this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the orga	nization is exempt under sec	tion 501(c), exce	ept section 501(c)(3)	
1	Enter the amount directly expend	ed by the filing organization for sect	on 527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to othe	r organizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	d on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deli- ee (PAC) If additional space is need	amount paid from the vered to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					

Pa	art III-A Complete if the organization is	sysmet under coction EO1/c)/2) and file		
	section 501(h)).	exempt under section 301(c)(3) and in	ed Form 5768 (elect	tion under
A	Check If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g expenditures)	group member's name, a	address, EIN,
В	Check \blacktriangleright \square if the filing organization checked box A	A and "limited control" provisions apply		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	92,000	
C	Total lobbying expenditures (add lines 1a and 1b)		92,000	
d	Other exempt purpose expenditures		12,598,715	
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	12,690,715	
f	Lobbying nontaxable amount Enter the amount fron columns	784,536		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f)	196,134	
h	Subtract line 1g from line 1a If zero or less, enter -0) -	0	
i	Subtract line 1f from line 1c If zero or less, enter -0	-	0	
j	If there is an amount other than zero on either line 3 section 4911 tax for this year?	Lh or line 1i, did the organization file Form 4720 re	eporting [☐ Yes ☐ No

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a	Lobbying nontaxable amount	638,014	677,678	768,955	784,536	2,869,183	
ь	Lobbying ceiling amount (150% of line 2a, column(e))					4,303,775	
_с	Total lobbying expenditures	25,103	61,265	95,062	92,000	273,430	
_d	Grassroots nontaxable amount	159,504	169,420	192,239	196,134	717,297	
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,075,946	
_f	Grassroots lobbying expenditures				C (Form 000 o		

Schedule C (Form 990 or 990-EZ) 2017

For e	each "Yes" response on lines 1a through 1i h	elow, provide in Part IV a detailed description of the lobbying	(a))	(b)
activ	•	Lion, provide in rate IV a decaned description of the lobbying	Yes	No	Amoun
1		attempt to influence foreign, national, state or local legislation, pinion on a legislative matter or referendum, through the use of			
а	Volunteers?				
b	Paid staff or management (include comper	sation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?				
d	Mailings to members, legislators, or the pu	blic?			
е	Publications, or published or broadcast sta	tements?			
f	Grants to other organizations for lobbying	purposes?			
g	Direct contact with legislators, their staffs,	government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, convent	cions, speeches, lectures, or any similar means?			
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organi	zation to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incur	red under section 4912			
C	If "Yes," enter the amount of any tax incur	red by organization managers under section 4912			
d		4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organizat 501(c)(6).	ion is exempt under section 501(c)(4), section 501(c)	(5), or	section	1
	, , , ,				Yes
1	Were substantially all (90% or more) dues	received nondeductible by members?		1	
2	Did the organization make only in-house lo	bbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carry over lo	bbying and political expenditures from the prior year?		3	
Par		ion is exempt under section 501(c)(4), section 501(c)			
	and if either (a) BOTH Pa answered "Yes."	rt III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A,	line 3, i	S
1	Dues, assessments and similar amounts from	om members	1		
2	Section 162(e) nondeductible lobbying and expenses for which the section 527(f)	political expenditures (do not include amounts of political tax was paid).			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3		3(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4		e 2c exceeds the amount on line 3, what portion of the excess does reasonable estimate of nondeductible lobbying and political	4		
5	Taxable amount of lobbying and political e	xpenditures (see instructions)	5		
Pa	art IV Supplemental Informatio	, , , , , , , , , , , , , , , , , , , ,			
	ivide the descriptions required for Part I-A, li tructions), and Part II-B, line 1 Also, comple	ne 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), te this part for any additional information	Part II-A	A, lines 1	and 2 (see
	Return Reference	Explanation			
		Schodulo	C / F =	000	00057\ 20

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. OMB No 1545-0047

DLN: 93493037009279

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Open to Public Inspection

	me of the organization EREASON FOUNDATION					Emp	oloyer ic	lentificati	ion n	number	
IHE	- KEASON FOUNDATION					95-3	298239				
Pa	rt I Organizations Maintaining Donor Advi				unds or	· Acc	ounts.				
	Complete if the organization answered "Ye										
		(a) Dono	r advi	sed funds			(b)Fund	ds and oth	er ac	counts	
1	Total number at end of year										
2	Aggregate value of contributions to (during year)										
3	Aggregate value of grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in o	donor adv	/ised	funds are	e the	□ ,	Yes 🗌	No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?								_ ,	Yes 🗌	No
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes"	on Form	990	, Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all t	that ap	pply)							
	Preservation of land for public use (e g , recreation	n or education)		Preservati	on of an I	histor	ically im	portant lar	nd ar	ea	
	Protection of natural habitat			Preservati	on of a ce	ertifie	d historic	c structure			
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	tion co	ntribution i	n the forr	n of a		ation	d of	the Ves	r
а	Total number of conservation easements					2a	neid	at the En	u 0.	the rea	•
b	Total acreage restricted by conservation easements					2b					
c											
d											
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	d, or termin	ated by t	he or	ganızatıo	n during tl	he		
4	Number of states where property subject to conservation	on easement is loca	ted ►				_				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ir	spection, h	andling o	f viola	ations,	☐ Yes	i	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enfo	orcing cor	nserv	ation eas	sements du	uring	the year	•
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, ai	nd enforcing	g conserv	atıon	easemei	nts during	the y	year	
В	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the	require	ements of s	ection 17	0(h)(4)(B)(ı)	☐ Yes	i	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or									
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic				er Si	milar A	ssets.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or rese	arch in fu					orks of	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items										
((i) Revenue included on Form 990, Part VIII, line 1						▶ \$				
	ii)Assets included in Form 990, Part X										
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:					ıcıal g					-
а	Revenue included on Form 990, Part VIII, line 1	110 (NOC 990) Tela	ianig tt	o ancoe itell			▶ ¢				
							Γ° -				-
b	Assets included in Form 990, Part X						▶ \$ _				_

Sche	edule D (Form 990) 2017									Page 2
Par	t III Organizations Maintaining Col	lections of Art, I	Histori	cal Trea	sures, o	r Othe	r Similar A	ssets (con	tınued)	
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other records	, check a	iny of the	following	that are	a significant	use of its co	llection	
а	Public exhibition		d	Loa	an or exch	ange pro	ograms			
b	☐ Scholarly research		e	☐ Oth	ner					
c	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	how the	v further t	he organi	zation's	exempt purp	ose in		
	Part XIII	'		,	_					
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						mılar	☐ Yes	□ No)
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990,	Part IV,	line 9, o	r repor	ted an amo	unt on For	m 990, I	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermed	liary for	contribution	ons or oth	er assets	s not	☐ Yes	□ No)
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	llowing	table.				Amount		-
b c	Beginning balance	and complete the it	Jilowing	table		1c		- Inount		-
d	Additions during the year					1d				-
е	Distributions during the year					1e				-
f	Ending balance					1f				-
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or	custodial a	account	liability?	☐ Yes	No	-
b	TE IIV II ambout the common and the Dark VIII	Ch				J D				,
	If "Yes," explain the arrangement in Part XIII Int V Endowment Funds. Complete if									
Гα	Endowment Funds. Complete in	(a)Current year		or year			(d)Three ye)Four years	s back
1a	Beginning of year balance	54,867	(-)	63,878		63,99		64,112	-	55,901
b	Contributions	11,065		3,233	1					
С	Net investment earnings, gains, and losses	6,034		7,355		-11	.7	-117		8,211
d	Grants or scholarships									
е	Other expenditures for facilities	10,588		19,599						
,	and programs	10,388		19,393	1					
	Administrative expenses	64.270		E4.065		(2.07	70	63.005		<u> </u>
_	End of year balance	61,378		54,867	l	63,87	^{'8}	63,995		64,112
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment >	ent year end balance	e (line 1g	, column	(a)) held a	as				
b	Permanent endowment ► 80 290 %									
c	Temporarily restricted endowment ► 19	710 %								
	The percentages on lines 2a, 2b, and 2c shou	·								
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion that	are held	and admin	ustered f	or the		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii		No
b	If "Yes" on 3a(II), are the related organization	· ·						. 3b		
4	Describe in Part XIII the intended uses of the		wment f	unds						
Pa	rt VI Land, Buildings, and Equipme		000	Dowt IV	l.no 11n	C	o	ant V lina	10	
	Complete if the organization answ Description of property (a) Cost or oth (investment)	her basis (b) Cost		basis (other			depreciation		Book value	
12	Land			1,908,47	73			 	1	908,473
	Buildings			1,018,67			213,736		-	804,934
	Leasehold improvements			16,85	-		13,720			3,130
	Equipment			1,268,47			1,145,972			122,499
	Other			,,			, -,	†		,
	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c))		•	+	2,	839,036

Part VII	Investments—Other Securities. Complete if the org	ganıza	tion ansv	vered "Yes" on Fo	rm 990, Pai	rt IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		Method of va end-of-year	aluation market value
	al derivatives	· ·				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	Þ				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, F	Part IV, lı	ne 11c. See Form	990, Part)	K, line 13.
	(a) Description of investment	(b) B	ook value		Method of value	aluation market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d See	Form 990, Pa	art X, line 15 (b) Book value
(1)	(a) bescription					(B) BOOK VAIAC
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer			 rm 990, Part IV, I		11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal	income taxes					

Pai		levenue per Audited Financial Staten Inization answered 'Yes' on Form 990, Pa		-	eturn	
1	Total revenue, gains, and other	support per audited financial statements .			1	12,972,368
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) or	n investments	2a	525,393		
b	Donated services and use of fac	cilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d	347,186		
e	Add lines 2a through 2d		. 		2e	872,579
3	Subtract line 2e from line 1 .				3	12,099,789
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1				
а	Investment expenses not include	ded on Form 990, Part VIII, line 7b 🛭 .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	(
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12	:)		5	12,099,789
Par		xpenses per Audited Financial State nization answered 'Yes' on Form 990, Pa			Return.	
1	Total expenses and losses per a				1	13,037,90
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fac	collities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII)		2d	347,186	1	
e	Add lines 2a through 2d		. '		2e	347,186
3	Subtract line 2e from line 1 .				3	12,690,71
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:				
а	Investment expenses not include	ded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b		. '		4c	(
5	Total expenses Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 1	8).		5	12,690,71
Par	Supplemental In				<u> </u>	· · ·
		Part II, lines 3, 5, and 9, Part III, lines 1a and es 2d and 4b Also complete this part to provi			V, line 4, Pa	art X, line 2, Part
	Return Reference		Fxp	lanation		
See /	dditional Data Table		-^-	1411411		
JCE F	addicional Data Table					
						·

Schedule D (Form 990) 2017

Schedule D (rm 990) 2017 Page	e 5

Part XIIII Supplemental In	formation (continued)
Return Reference	Explanation
	<u> I</u>

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 95-3298239

Name: THE REASON FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PROCEEDS FROM THE ENDOWMENT ARE MEANT TO SUPPORT THE ONGOING WORK OF THE REASON FOUNDATION

Supplemental Information

Patura Paterance

Evaluation

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EVENT EXPENSES 347,186

Supplemental Information

Return Peferance

Evaluation

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EVENT EXPENSES 347,186

DLN: 93493037009279

OMB No 1545-0047

2017

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

►Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Open to Public Inspection

Name of the organization THE REASON FOUNDATION

Department of the Treasury

Internal Revenue Service

Part I

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Employer identification number

95-3298239

	Form 990-EZ filers a	ire not required to	o comple	ete this p	oart.		
1	Indicate whether the organiza	tion raised funds th	rough an	y of the fo	ollowing activities Check	all that apply	
а	Mail solicitations			е	Solicitation of non	-government grants	
b	☐ Internet and email solicita	tions		f	Solicitation of gov	ernment grants	
c	Phone solicitations			g	Special fundraisin	g events	
d	☐ In-person solicitations						
2a	Did the organization have a w or key employees listed in For						es 🗆 No
b	If "Yes," list the ten highest parts to be compensated at least \$5			ndraisers)	pursuant to agreements	under which the fundrais	ser is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γota	al			•			
	List all states in which the orgar licensing	iization is registered	d or licens	sed to sol	cit contributions or has b	peen notified it is exempt	from registration or
or I	Paperwork Reduction Act Notice,	see the Instructions	for Form	990 or 99	0-EZ. Cat No	50083H Schedule G	(Form 990 or 990-EZ) 2017

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
nue		(a)Event #1 FF REASON MEDIA AWARDS (event type)	(b) Event #2 REASON MEDIA AWARDS (event type)	(c)Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	221,164	138,466	359,303	718,93
	2 Less Contributions	215,664			•
	line 2)	5,500			20,55
	4 Cash prizes	23,000	16,000		39,00
Direct Expenses	6 Rent/facility costs	105,402	31,725		137,12
X X	7 Food and beverages	13,500	51,471		64,97
и ш	8 Entertainment				
Dire	9 Other direct expenses	39,201	87,437		126,63
	10 Direct expense summary Add lines 4 t	hrough 9 ın column (d)		>	367,73
	11 Net income summary Subtract line 10	from line 3, column (d)		>	-347,18
Pai	on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
lses	1 Gross revenue				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	
9 a b	Enter the state(s) in which the organization licensed to conduct gastf "No," explain	aming activities in each of	these states?		☐ Yes ☐ No
10a b	Were any of the organization's gaming lid	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gaming	activities with nonmembers	57		□Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming act	ivity conducted in			- 133		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pe	rson who prepares the orgar	nization's gaming/special events books and re	cords			
	Name ►						
	Address ►						
15a	Does the organization have a contract revenue?	with a third party from who	m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b		anization ▶ \$ and th	e			
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	•	te law to make charitable di	stributions from the gaming proceeds to				
	retain the state gaming license?	☐Yes	□No				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	in the organization's own exempt activ						
Pai			ions required by Part I, line 2b, columns licable. Also provide any additional infor				s).
	Return Reference		Explanation				
		_ 1	Sched	ıle G (F	orm 990 or	990-EZ)	2017

DLN: 93493037009279

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Employer identification number Name of the organization THE REASON FOUNDATION 95-3298239

-	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to prov					
	First-class or charter travel		Housing allowance or residence for personal use			
	☐ Travel for companions		Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization of all of the expenses described above? If "No		follow a written policy regarding payment or reimbursement inplete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbu directors, trustees, officers, including the CEO/Executive D			2		
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of	y Do	not check any boxes for methods			
	✓ Compensation committee		Written employment contract			
	☐ Independent compensation consultant	✓	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part V related organization	/II, Se	ection A, line 1a, with respect to the filing organization or a			
а	Receive a severance payment or change-of-control payme	nt?		4a		No
b						
c						No
	If "Yes" to any of lines 4a-c, list the persons and provide ti					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	a, dıd	the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, line 18 compensation contingent on the net earnings of	a, dıd	the organization pay or accrue any			
а	The organization?			6 a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 67 If "Yes," described			7		No
8	Were any amounts reported on Form 990, Part VII, paid of	r accu	red pursuant to a contract that was			
	subject to the initial contract exception described in Regula					
	ın Part III			8		No
9	If "Yes" on line 8, did the organization also follow the rebu 53 4958-6(c)?	ttable	presumption procedure described in Regulations section	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID NOTT PRESIDENT, CEO	(i)	313,222	75,000	0	96,130	10,714	495,066	0
,	(ii)	0	0	0	0	0	0	0
	(i)	200,000	30,000	0	0	368	230,368	0
TDANC	(ii)	0	0	0	0	0	0	0
3 ADRIAN T MOORE VICE PRESIDENT POLICY	(i)	155,174	75,000	0	0	10,533	240,707	0
	(ii)	0	0	0	0	0	0	0
	(i)	125,576	40,000	0	0	10,648	176,224	0
	(ii)	0	0	0	0	0	0	0
5 JONATHAN GRAFF CHIEF FINANCIAL OFFICER,	(i)	134,989	50,000	0	0	10,667	195,656	0
6 MICHAEL ALISSI	(ii)	0	0	0	0	0	0	0
6 MICHAEL ALISSI VICE PRESIDENT,	(i)	131,156	43,000	0	0	10,648	184,804	0
ODEDATIONS	(ii)	0	0	0	0	0	0	0
7 NICHOLAS GILLESPIE VICE PRESIDENT ONLINE	(i)	205,907	50,000	0	0	4,804	260,711	0
	(ii)	0	0	0	0	0	0	0
8 MATT L WELCH EDITOR-AT-LARGE	(i)	135,822	35,000	0	0	10,648	181,470	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017

Page 3

Part III	Supplemental	Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
•	THE ORGANIZATION ACCRUED \$75,000 THIS YEAR ON BEHALF OF DAVID NOTT, PRESIDENT & CEO, WHICH WILL BE DEPOSITED INTO AN IRC SECTION 457(F) NONQUALIFIED SIMPLIFIED EMPLOYEE RETIREMENT PLAN (THE "PLAN") IN ADDITION, INVESTMENTS OF THE PLAN GENERATED INCOME TOTALING \$46,797

Schedule J (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493037009279 OMB No 1545-0047 Schedule L **Transactions with Interested Persons** (Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE REASON FOUNDATION 95-3298239 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? 1 organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or from the (a) Name of (b) Relationship (c) Purpose (e)Original (f)Balance (g) In (h) (i)Written interested person with organization of loan organization? principal due default? Approved by agreement? amount board or committee? То Yes No Yes No Yes From No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the organization

` ,						
Part IV Business Transactions I Complete if the organization			a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharin of organization revenues		
1				Yes	No	
(1) ADRIAN MOORE	OFFICER	·	SPOUSE OF OFFICER WAS PAID \$32,583 DURING FY2018 FOR EDITING, RESEARCH AND WRITING AS A PART-TIME STAFF MEMBER FOR THE FOUNDATION		No	
				1		
				1		
-				1		

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE M

DLN: 93493037009279

OMB No 1545-0047

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

	e of the organization	Employer identification number							
IHEF	REASON FOUNDATION				95-329	98239			
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	16	329,150	5 QUOT	ED PRICE			
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic								
1.4	structures								
14	Qualified conservation contribution—Other								
15									
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts								
	Other ▶ (NT COSTS)	X	3	139,268	B FAIR I	MARKET VALUE			
26	Other ► (/EL VOUCHERS)	Х	1	10,000	FAIR	MARKET VALUE			
	Other ▶ ()								
	Other ▶ ()								
	Number of Forms 8283 received by to for which the organization completed				29				
				-				Yes	No
30a	During the year, did the organizatio must hold for at least three years fr purposes for the entire holding perio	om the date					30a		No.
b	b If "Yes," describe the arrangement in Part II								No
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								No
32a	Does the organization hire or use the contributions?			olicit, process, or sell nonca	ish • •		32a		 _{No}
b	If "Yes," describe in Part II								
33	If the organization did not report ar describe in Part II	amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,]

Schedule M (Form 990) (2017) Page 2

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2017)

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

Department of the Treasury www.irs.gov/form990. Name of the organization

Inspection **Employer identification number**

DLN: 93493037009279 OMB No 1545-0047

Open to Public

95-3298239

THE REASON FOUNDATION

(Form 990 or 990-

EZ)

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	LINE 11A EXPLANATION - PRIOR TO FILING WITH THE IRS THE DRAFT 990 WILL BE EMAILED TO THE E NTIRE BOARD OF TRUSTEES FOR REVIEW, FEEDBACK WILL BE PROVIDED TO THE CFO

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES AND OFFICERS OF THE FOUNDATION WILL COMPLETE A FORM TO CERTIFY THAT THERE ARE NO EXISTING CONFLICTS IF THERE ARE ANY CHANGES TO THAT STATUS THEY WILL COMPLETE AND SUBMIT ANOTHER FORM

Return Reference	Explanation
PART VI,	COMPARABLE DATA WAS ASSEMBLED FROM PUBLIC 990 FILINGS FOR SIMILAR POSITIONS WITHIN OTHER N ONPROFIT ORGANIZATIONS AND PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES WIT H RECOMMENDATIONS FOR COMPENSATION THE FINANCE COMMITTEE THEN DISCUSSED AND APPROVED COMP ENSATION IN AN EXECUTIVE COMMITTEE MEETING OF THE FULL BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST THE DOCUMENTS WILL BE MAILED OR E-MAILED TO THE REQUESTING PARTY

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 2,343,908 MANAGEMENT AND GENERAL EXPENSES 16, 517 FUNDRAISING EXPENSES 14,488 TOTAL EXPENSES 2,374,913